

## GENERAL FACT SHEET

BILL NUMBER 10R-188

BRIEF TITLE

APPROVED DEADLINE

REASON

Resolution to Approve

Labor Contract

## DETAILS

## POSITIONS/RECOMMENDATIONS

Resolution to approve the labor contract between the City of Lincoln and the Amalgamated Transit Union. Contract to be effective August 19, 2010.	Sponsor	Personnel Department
	Program Departments, or Groups Affected	Public Works & Utilities/StarTran
	Applicants/Proponents	Applicant  City Department  Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals  Basis of Opposition
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

**DETAILS**

**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>	
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	<hr/> <hr/> <hr/>	
	<b>FINANCES</b>		
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project:                      \$ COST of this Ordinance/ Resolution                      \$	
		RELATED annual operating Costs                      \$	
		INCREASE REVENUE EXPECTED/YEAR                      \$	
	<b>SOURCE OF FUNDS</b>	CITY [Approximately] <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ %	
NON CITY [Approximately] <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ % <hr/> \$ _____ %			
<b>BENEFIT COST</b> <input type="checkbox"/> Front Foot                      Average Assessment <input type="checkbox"/> Square Foot    \$ _____                      \$ _____			

APPLICABLE DATES: August 9, 2010

FACT SHEET PREPARED BY: Mark Koller

REVIEW BY: 

REFERENCE NUMBER